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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03661 (8)
1. Corporation Name
EL POLO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
100 S. BISCAYNE BLVD.. #1010 MIAMI FL 33131
100 S. BISCAYNE BLVD.. #1010 MIAMI FL 33131-2030

3. Date Incorporated or Qualified 06/14/1984
3a. Date of Last Report 01/31/1996
4. FEI Number 59-2797083 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 9000 S.W 87 CT 26 9000 SW 87 CT
22 Suite, Apt. #, etc. 103 27 Suite, Apt. #, etc. 103
23 City & State MIAMI, FL 28 City & State MIAMI, FL
24 Zip 33176 25 Country U.S.A 29 Zip 33176 30 Country USA

9. Name and Address of Current Registered Agent
WEISBURD, SCOTT, ESQUIRE
100 BISCAYNE BLVD, #1010
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name AIDA ESTEVEZ.
82 Street Address (P.O. Box Number is Not Acceptable) 9000 S.W 87 CT # 103
83
84 City MIAMI, FL FL 85 Zip Code 33176

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Aida Estevez* DATE 04-28-97
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BAISMAN, OSCAR	
STREET ADDRESS	100 S BISCAYNE BL #1010	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WEISBURD, SCOTT	
STREET ADDRESS	100 S BISCAYNE BL #1010	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WEISBURD, IRENE	
STREET ADDRESS	100 S BISCAYNE BLVD #1010	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACOBS, DANIEL	
STREET ADDRESS	3900 HOLLYWOOD BLVD #204	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AIDA ESTEVEZ.	
1.3 STREET ADDRESS	9000 S.W 87 CT # 103	
1.4 CITY-ST-ZIP	MIAMI, FL 33176	
2.1 TITLE	VICE-PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANIEL ALMEIDA	
2.3 STREET ADDRESS	9000 S.W. 87 CT #103	
2.4 CITY-ST-ZIP	MIAMI, FL 33176	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aida Estevez* DATE 4-28-97 DAYTIME PHONE # 305-275-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)